King County

Ten-Year Plan to End Homelessness

Transitions from Highly-Supported Permanent Supported Housing

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Executive Summary

Over 1,200 units of permanent supported housing (PSH) have been developed in King County to serve homeless individuals who suffer from mental illness, substance abuse and/or medical illnesses. Demand for PSH outstrips community resources as this form of housing is costly in both its service-intensity and, for some programs, in terms of dedicated buildings with 24/7 staffing and institutional kitchens. To better plan for the need for PSH, the Committee to End Homeless King County (CEHKC) requested that the King County Mental Health, Chemical Abuse and Dependency Services Division (MHCADSD), with partial support from the Veteran's and Human Services Levy, conduct an assessment of how much renewable system capacity is available or could be created among existing units; administrative, policy, and clinical factors affecting unit turnover; and barriers and facilitators of current residents being able to move on to less intensive services.   Below we present a summary of housing retention and unit turnover analyses. When then present staff focus group findings regarding barriers and facilitators to transitioning to less-supported housing, and interviews with participants from PSH "graduation" programs made possible by dedicated Section 8 certificates and public housing units from the Seattle and King County Housing Authorities.

Retention and unit turnover findings:
- about half of participants in highly-supported PSH leave the program within four years
- about 210 units of the 1,237 PSH units are estimated to turnover each year
- about half of those who leave PSH do so for positive reasons, including "graduation"

Indicators of "readiness" to transition to less-supported housing:
- desire of tenant to move (typically for more freedoms, more space, own kitchen and bath)
- less service use and need
- not needing 24/7 access control, have limit-setting skills to avoid victimization and drugs
- having a social network and engaging in social activities apart from what is available through in-building socialization opportunity
- skills in navigating community systems (e.g., Social Security, meal programs, etc.)
- self-managing behavior and getting along with others
- economic self-sufficiency
- following rules (including unit maintenance, good rental history)
- less heavy involvement with drugs/alcohol – no drug trafficking

Barriers to transitioning to less-supported housing:
- the complexity of medical and mental illnesses, substance use, and disruptive behaviors
- tenants not wanting to leave their current supports and friends, neighborhood
- long waitlists for units and lack of available units
- pressure from the housing authorities to move quickly when a unit becomes available
- being removed from housing waiting lists if you decline two opportunities to accept a unit
- rules regarding housing eligibility (e.g, denial for past eviction notices and minor criminal offenses)

- not having money for moving, deposits and furniture or stable funds for rent
- not wanting to leave PSH amenities such as meals, activities and secure environment
- fears of change and loss of supports
- available independent housing may be less desirable than some PSH

Keys to success of "graduation" programs:
- being able to offer continued support and ties to PSH program
- being able to have participants move back (consider having a "trial period")
- careful selection of participants using indicators of "readiness" described above
- housing subsidies
- funding to pay for movers, deposits and furniture
- tenacious staff cross-trained in mental health and substance use issues
- good team leadership
- owning scattered-site housing and using project-based housing vouchers also allows for more flexibility in determining housing eligibility criteria

Recommendations

1. Continue working with housing authorities to: (a) pair public housing units and Section 8 certificates with PSH providers to create dedicated "graduation" housing opportunities, (b) ensure as few barriers to housing as possible (e.g., continuing relaxation of rules regarding history of prior offenses), (c) ensure that candidates for post-PSH housing can maximize their choice of location and building with adequate time for decisions.

2. Create a mechanism whereby individuals may have a trial period in less supported housing and their bed is held for them for up to a specified number of days and/or where they can jump to the top of the list for the next available bed in the program they came from for up to a specified number of days.

3. Fund after-care support which could include as-needed case management up to a certain number of hours, or a short-term post graduation psychoeducational group that focuses on challenges and strategies related to living independently. After-care should also include some type of access to continued mental health and substance abuse services.

4. Create a mechanism for assisting with moving to external locations. For example, help with arranging moving logistics, obtaining free/low cost furniture and household items, a rental start-up fund to pay security deposits.

5. Create trial scenarios for individuals to practice readiness while still in housing. For example, have individuals practice boundary setting, avoid building social activities, or handle their affairs without housing staff assistance for a specified period of time.

Background

To date, about 1,200 units of permanent supported housing (PSH) units have been developed in King County to serve homeless individuals who suffer from mental illness, substance abuse, and/or medical illnesses. Demand for PSH outstrips community resources as this form of housing is costly in both its service-intensity and, for some programs, in terms of dedicated buildings with 24/7 staffing and institutional kitchens. The Committee to End Homeless King County (CEHKC) requested that the King County Mental Health Chemical Abuse and Dependency Services Division (MHCADSD), with partial support from the Veteran's and Human Services Levy, conduct an assessment of how much renewable system capacity is available or could be created among existing units; administrative, policy, and clinical factors affecting unit turnover; and barriers and facilitators of current residents being able to move on to less intensive services.

Under the auspices of the CEHKC, MHCADSD had previously been involved with the evaluation of three Permanent Support Housing (PSH) programs in King County: Begin-at-Home (BAH) Plymouth-at-Stewart, South King County (SKC) Housing First pilot, and BAH-Simons Senior Apartments. The programs adhered to a Housing First model in which low-barrier access to housing and integrated psychiatric, substance use, and health care services that are voluntary, intensive, and easily accessible are provided. There are no "readiness" or abstinence criteria for individuals to obtain or keep housing. The programs provided permanent supported housing for individuals who are considered "chronically homeless" by federal standards. These programs have further identified target subgroups that are particularly difficult to successfully house (e.g., medically fragile, substance using, disconnected with community-based services, and high cost users of acute care services).

A major goal of the PSH programs examined in these evaluations was the ability to retain individuals who are complex and challenging to serve in housing. As with other evaluations of PSH (e.g., Martinez & Burt, 2006; Culhane, Metraux, Hadley, 2002), our evaluations of participant outcomes one year after program admission showed that the programs have indeed shown a high degree of success in retaining participants for one year, and few leave even after two and three years. The programs also succeeded in reducing acute care utilization, as well as the costs associated with these services (reports available upon request).

It is apparent that there are many more people who are homeless that could benefit from similar highly-supported PSH programs than there are available units. Also, some individuals reach a point in their recovery where they would be better served by a less intensive service environment, if such an environment was feasible to provide and available. Further, some people do not *want* to continue with the intensive level of services and monitoring provided by these programs. An appropriate housing option is needed for these individuals. One agency currently has an 80-person waiting list for their "graduation" program that has less intensive supports. One of the most effective ways of creating new capacity in PSH is not new units, but rather transition or "graduation" from existing units. This is particularly true in the case of dedicated buildings, where mere reductions in service level (possible as the client stabilizes) do nothing to reduce the cost of 24/7 staffing, institutional kitchens and other attributes of specialized PSH buildings. Even in scattered site situations,

however, the ability to find a landlord willing to rent to a PSH program is limited, and so being able to use those units for a new client is very valuable.

To better plan for the need for more PSH units in King County and/or units where individuals could "step down" to, this project examines naturally occurring unit turnover and participant retention, including the reasons why people leave. We also describe barriers and facilitators to individuals transitioning successfully.

Aims

Specifically, the project studied the following issues:

- Retention - length of time people stay in PSH

- Unit turnover

- Reasons for leaving PSH

- Staff views regarding: (a) factors determining "readiness" to transition from PSH to less supported housing, (b) barriers and facilitators of transitioning from PSH, (c) unanticipated consequences of transitioning, (d) keys to PSH transition program success.

- Views of participants who have transitioned regarding challenges and facilitators of success.

Methods

Participating Programs

The intent of this project was to focus on PSH using a Housing First model that serves adults with the most challenging housing and support issues in order to help plan for any additional PSH and step-down units needed. In particular, stakeholders were most interested in those program units that, when vacated, would be filled using the county-wide client care coordination process that prioritizes individuals who are high system utilizers or who are highly vulnerable. As such, the programs included in this project are:

- house primarily individuals moving directly from long-term street homelessness (not jail or hospitals)

- provide high intensity services for individuals with complex needs (e.g., mental health and/or chemical dependency, nursing, etc.), along with 24/7 single- or scattered- site housing support

- are Housing First models that do not condition housing on participation in services

- were fully leased up *as of March, 2010*

Programs that met these criteria were:

- Archdiocese Housing Authority – Wintonia

- Downtown Emergency Services Center (DESC) - Morrison, Kerner-Scott, Evans, Rainier, 1811, Lyon, Union Hotel

- Plymouth Housing Group (PHG) – Plymouth-at-Stewart and Simons Senior Apts., St. Charles

- Sound Mental Health (SMH) – SKC Housing First, Kenyon, Kasota, Pacific Court

Results

Retention

We obtained de-identified move-in and move-out dates and reasons from the participating programs dating back to 2005. Because the nature of PSH programs and the landscape of housing having changed considerably since the first half of the decade, stakeholders recommended that we only analyze data for people who moved into units beginning in 2005. Programs submitted 1,458 housing episodes with move-in dates after January 1, 2005.

Figure 1 shows the percentage of people who moved out over time for three cohorts of individuals; people who had had the opportunity to be in housing for at least two, three, or four years as of June, 30, 2011. That is, we analyzed the groups of people who moved into their units after January 1, 2004 and before July 1, 2009, July 1, 2008, and July 1, 2007. These groups overlap in that individuals in the four-year cohort are also included in the two and three-year cohorts. The number of people from each program in each cohort is reported in Table 5 in Appendix A.

Figure 1 shows that after one year (365 days), 85-90 percent of participants are still in permanent supported housing. After two years, 70-78 percent of participants are still in housing. After three years, the rate drops to about 60 percent and after four years, the rate is 53 percent. There is little difference between the cohorts though the four-year cohort shows slightly longer retention. Indeed, a separate analysis of four programs that began since 2008 and report unit turnover information to King County's Community Service Division (CSD), showed that about half of the individuals moved out within *two* years, a considerably shorter average tenure than in the overall analysis.
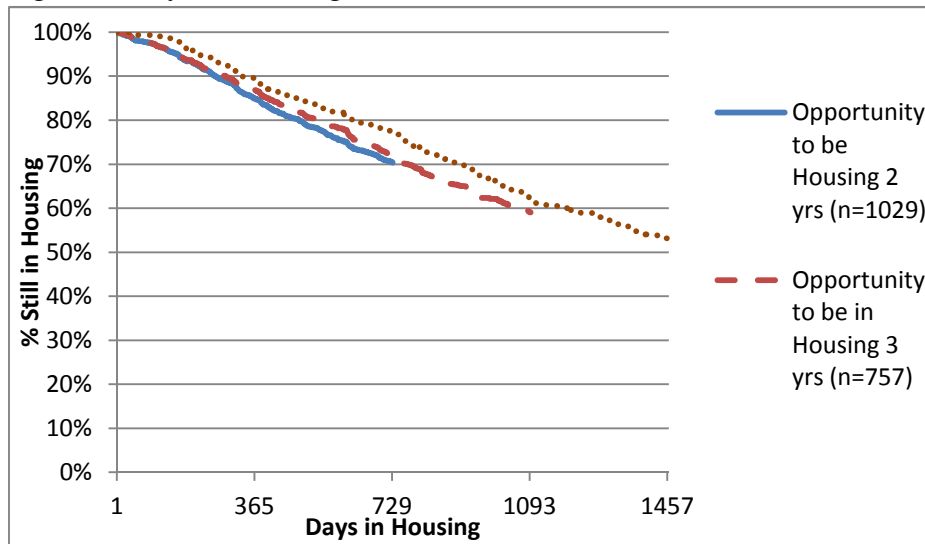
Figure 1. Days in Housing for Three Cohorts

Table 1 shows the average length-of-stay (LOS) for the same three cohorts for those who moved out and for the cohort as a whole. For individuals still in housing at the point of analysis, June 30, 2011 was used as the end date for determining LOS. For those who left housing, their average LOS was a bit less than two years for the two and three-year cohorts and a bit more than two years for the four year cohort. For the cohorts as a whole, including individuals who were still in housing as of June 30, 2011, the average LOS is about three years. This is an underestimate of true LOS duration due to our truncation of LOS for individuals still in housing as of June 30, 2011. As in Figure 1, the four-year cohort shows a slightly longer average LOS. It could be that before this time, the programs were somewhat less highly selective, taking a more mixed and overall less challenging group of individuals.

Table 1. Average Length-of-Stay for Three Cohorts

| Moved in *at least…*	N	Average Length-of-Stay for Movers (SD)	Length-of-Stay for All (SD)
…2 yrs ago	1029	1.7 years (1.2)	2.8 years (1.6)
…3 yrs ago	757	1.9 years (1.2)	2.9 years (1.7)
…4 yrs ago	433	2.3 years (1.3)	3.6 years (1.8)

Retention for "Graduates"

The prior analysis of retention and length-of-stay included individuals who left PSH regardless of reason. We had particular interest in length-of-stay for individuals making a positive transition from PSH to less-highly supported housing. The DESC and PHG had programs specifically for these "graduates" which were made possible by dedicated Section 8 certificates and public housing units from the Seattle and King County Housing Authorities.   Table 2 shows that slightly more than half of the graduates left their prior PSH residence within three years. The average length-of-stay was 3.7 years; slightly longer than lengths-of-stay for PSH residents overall. It is reasonable that the

subgroup with planned, positive transitions out of PSH might have been retained in the PSH housing a bit longer to get to that point of transition than those leaving PSH for other reasons.

Figure 2. Length-of-Stay in PSH for Individuals Who "Graduated"
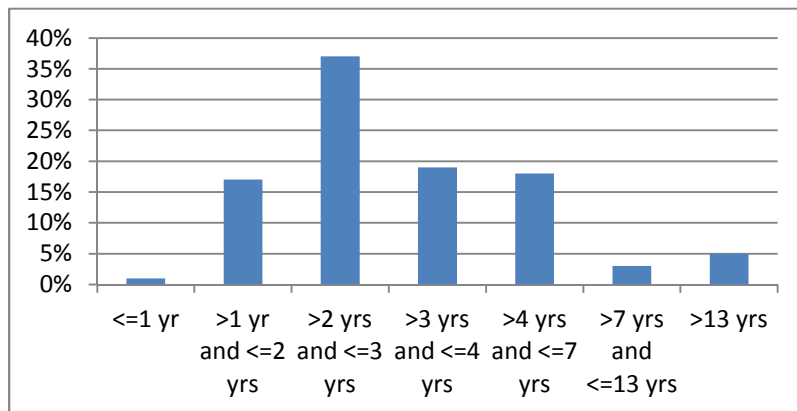
Unit Turnover

One study question was to determine the annual unit turnover for all PSH units intended for people with high service needs. It is difficult to determine precisely how many units fall into this definition due to changing program criteria over time. To approximate the number of units, we first included units in programs examined within the retention analysis presented above.

Table 2. Number of Units in Established PSH Programs

Programs Used in Retention Analysis	# of Units
1811 Eastlake	75
Evans House	75
Kenyon	18
Kerner-Scott House	40
Pacific Court	32
Plymouth on Stewart	20
Rainier House	50
Simons	45
South King County	25
St. Charles	61
The Kasota	45
The Lyon Building	64
The Morrison	190
The Union Hotel	52
Wintonia	70
Total	862

We then should add units that have become available too recently to be included in the retention analysis. They are listed in Table 4.

Table 3. Recently Opened PSH

Recently Opened PSH	# of Units
Community Psychiatric Clinic Fairmont	18
Bakhita Gardens	70
Canaday	83
Humphrey	81
Scargo/Lewiston	99
Valley Cities Landing	24
Total	375

The total of Table 3 and Table 4 is 1,237 units. Among the 862 records in the available retention data, 117 move-outs for all reasons were reported in 2007, 114 in 2008, 188 in 2009 and 170 in 2010 for an average of 147 per year or 17 percent of the total. If we use this percentage for the whole pool of 1,237 units that includes more recently-developed programs, we would estimate that ~210 units would become available in a given year.

Reasons for Leaving

People leave PSH for many reasons. Of the 1458 housing episodes that began after January 1, 2005, 575 had move-out dates. Reasons for moving for these individuals are shown in Figure 2. About half of the episodes end in positive reasons for moving such as "voluntary" and completed/graduated.

Consistent with this analysis, during staff focus groups with two programs (described later in document) staff reported that they believed that from less than one percent to about ten percent of participants would be ready to graduate in any given year, depending on the complexity of problems of the individuals in the given program. This range is about one-third to one-half of the 17 percent units we estimate would turnover for all reasons.

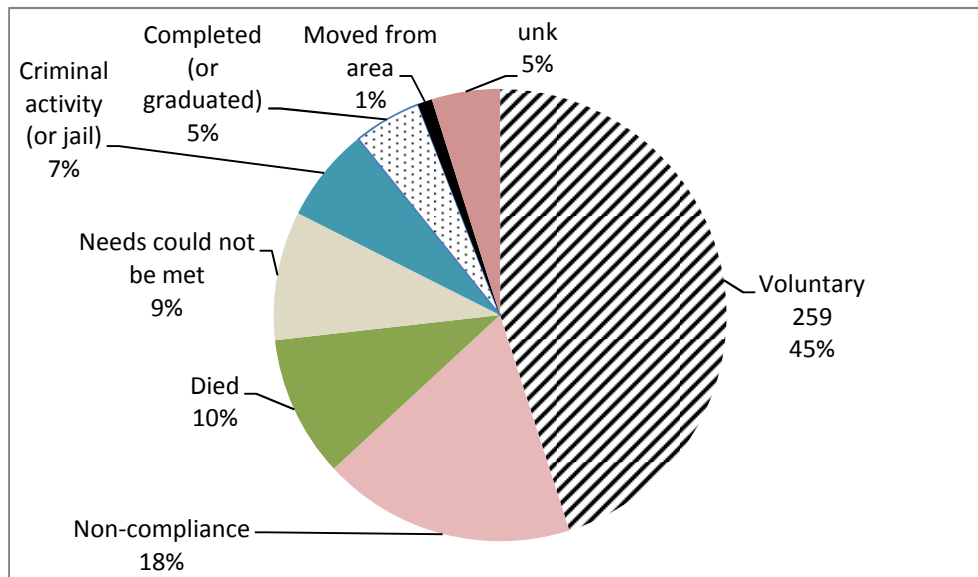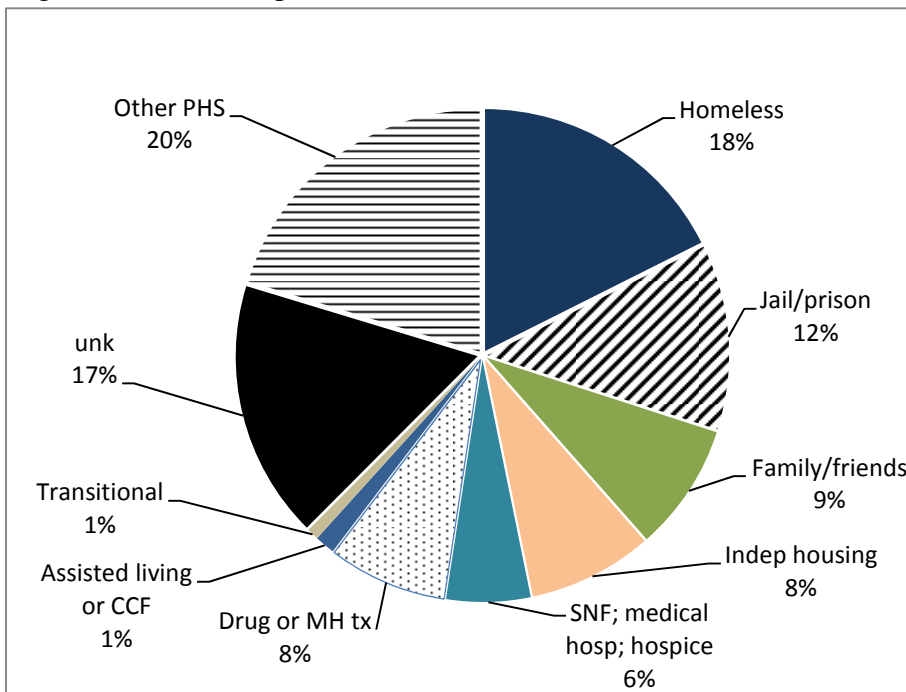Figure 3. Reasons for Leaving PSH (N=575)

Figure 3 shows where individuals moved who had left PSH, removing individuals who died. One-fifth go on to other PSH, about one-quarter go to an institutional setting, and about one-third become homeless or have unknown whereabouts. Only a small group go on to independent housing.

Figure 4. Where People Go After PSH (N=517)

Staff Views Regarding Transitioning from PSH

Staff views on a range of issues regarding transitioning from PSH to less intensively supported housing were generated from focus groups with program staff at Sound Mental Health, PHG and DESC. Responses to focus group questions are summarized below.

Defining Readiness for Transitioning/Graduation

The overarching response staff had to considering readiness for transition or graduation is that readiness is **very individual,** and for some, it takes **many years**.

The main marker that staff look for when thinking about whom to approach is that the person is **using and needing less services** and has basic daily living skills**.** In particular, staff looks for the tenant to **not need 24/7 monitoring and access control**, and limit-setting skills so that when they move to a situation in which there is no front door security that they will be able to refuse undesired individual from entering their living space. It is also important that the **tenant not be reliant** on structures within the program for social support. C**ommunity skills** are also critical for independent living, such as being able to get to appointments, complete forms, ask for what is needed, and navigate Social Security and housing systems. To be successful living independently, a person must also be able to **manage behavior**, including not acting out related to substance use or psychiatric symptoms and not becoming incarcerated. A tenant considering moving from PSH also needs **economic self-sufficiency** in order to pay rent. A person needs to have a consistent income, such as from employment or disability payments, and the ability to adjust for any changes in income so that rent continues to get paid. Tenants considered for transitioning also should be **following rules** of their current PSH, including keeping their apartment reasonably clean and not placing their housing in jeopardy. A checklist of these issues for staff to review when considering someone for transitioning out of PSH is shown in Appendix C.

Clients also must want to move. Participants often express interest in moving because they **want a different location** out of downtown that is quieter and **away from bad influences,** such as drug dealers, and people wanting things from them. They may also want to move to have more freedoms, particularly if they **don't like the program rules** such as guest sign-ins, inspections, meetings, and surveillance. Finally, some participants want a **nicer or larger place** to live or to have different amenities, like their own kitchen or the ability to have a pet.

Barriers to Transitioning

The biggest barrier is the **complexity and severity of the clients' problems,** including severe symptoms of mental and/or medical illnesses, effects of substance use, and behavioral issues (e.g., disruptive or violent behavior, criminal justice involvement). Some programs noted that the typical trajectory is only rarely graduation, and that services are often just slowing someone's decline. The PSH programs are quite tolerant of challenging behaviors and provide supports to mitigate their effects. A barrier to transitioning is that less intensively-supported programs are not able to manage such behaviors.

For many participants, disability payments and other forms of monetary support are insufficient to allow them to live in unsubsidized housing, and accordingly access to public housing authority supports are essential. Participants noted a number of barriers related to working with the Housing Authorities for access to public housing units, including **long waitlists for units** due to lack of availability of step-down units and **pressures to move** into a unit within a day of its availability. This makes moving, obtaining furniture, and payment issues difficult. Also, a person **can only see two apartments** – if they do not want the first one, they must take the next one offered or they are no longer eligible for a subsidy. Housing authorities also have very strict **rules regarding who they accept for public housing units,** such as denying people housing for old and minor criminal infractions or prior eviction notices. For the Section 8 program, which also has long wait lists, the client can see multiple apartments, has an extended time to move in, and the rules regarding prior offenses are considerably more lenient.

Staff also reported tenants often **don't want to leave their current supports and friends**. They worry about being alone and isolated. They may also feel settled, comfortable and safe such that they feel no reason to leave.

Not unexpectedly, **money** is another barrier to tenants transitioning. Tenants are not always current on their rent. Quickly coming up with funds for deposits and furniture can also be challenging.

Unanticipated Consequences of Moving

Participants noted that tenants are often **surprised by the loss of support**. Tenants often do not realize how much support they were getting because it was informal and 'roving'. Without the front door screening they have difficulty staying away from drugs or bad influences. In addition to loss of staff support, loss of on-site social connections may be profound. An individual's entire social network may live in the building and without the structured opportunity to develop relationships; they may remain socially isolated in the new less-supported environment.

On the other hand, after moving away from PSH, some **tenants avoid continued contact**. It is more difficult to reach tenants after they transition from PSH programs that have 24/7 on-site support because some have no phones and do not reliably attend appointments.

Program staff was also surprised by tenants having **less interest in employment** than expected and by the very **limited communication with landlords**. More communication with landlords could have averted some negative events.

Factors Facilitating Post-Transition Success

Continued support was the most prominently reported facilitator of successful transitioning away from PSH. Staying within the same organization to have opportunities to come back to the program for meals, meetings or activities and to have some contact with staff were important. Participants noted that sometimes they provide "defacto housing case management" and advocacy for former residents, helping them on occasion even though there is no formal mechanism for accounting for this service. Some clients need this for more than six months, some less, so that an arbitrary time

limit does not function well. Staff also often continues to have some communication with landlords. Participants also noted that it is important for the resident to have the same mental health and substance abuse treatment team after transitioning so that there is continuity of care.

Participants stressed that there needs to be **permission and capacity for participants to move back**. In the current system, units do not come back to the agency when someone moves out, and there is a limit on the number of people they can take who are not directly from the streets. Agencies might be more willing to risk moving people if they knew clients could come back if their move out proved unsuccessful. A transition **trial period** similar to a work trial was recommended.

Participants also reported that readiness assessment and **careful selection** of tenants based on the "readiness" issues discussed earlier is important for successful transitions. Additionally, the system needs to have **attractive housing options** to draw individuals, including options away from downtown. Having a continued **housing subsidy** is critical. Having some **funding to pay for a mover and to get furniture** is also important and is currently only available if someone is moving *within* a given agency.

Keys to Program Success

In addition to items mentioned above, staff tenacity and cross training in mental health and substance abuse treatment within the team were viewed as a key program characteristic. An information system that allows staff to look at each other's notes was also mentioned as a program strength. All programs also felt that they had very good leadership from their program directors/supervisors. The supervisor thinks through and keeps up with program implementation issues and at the same time provides consistent support to line staff.

One program mentioned that by having their **own scattered-site housing** they have more options for tenants to move if needed. With **project-based vouchers** for these sites, they can also be somewhat less stringent in tenant's eligibility for housing regarding criminal background and eviction history. Along these lines, **SHA has provided some flexibility** (e.g., mailing information to the program rather than client, getting on expedited wait list) when programs have had a long history of working with them.

<u>Participant Views Regarding Transitioning from PSH</u>

Participant views were obtained from 18 individuals who were randomly selected from all those who had transitioned from PSH. Participants received a $15 gift card for participating in the interview

Facilitators and Barriers of Transitioning

Reasons for leaving PSH for more than half of those interviewed centered on wanting a better apartment, including **apartments that were larger, had their own kitchens**, or that were in **neighborhoods away from easy drug accessibility**. Two individuals mentioned a desire for **freedom from rules** and two others identified being told about other programs by staff while one

individual indicated being motivated by seeing peers move on. A variety of issues with no clear trend affected participants' self-assessment of readiness to move on, including their long duration in the program, their sense of their own mental health and ability to function, and a desire to take charge of their lives.

Participant interviews identified a **diminished need for intensive services** as the primary facilitator of being able to transition from PSH. A dozen participants provided responses recognizing the importance of improved stability, capacity to care for themselves, live responsibly and independently, and to need less structured security. Ten individuals said that **feedback from program staff indicating they were ready to move** and achieve was helpful to their transition process. A few people mentioned their abilities to follow rules, maintain sobriety, or having a job as helpful in being able to live with less support. A few others identified their own motivation as key.

Interviewees identified a number of issues that make it difficult for people to successfully move to less supported housing. With no issue being mentioned by more than four people, these issues included: their own mental health and behavioral challenges, comfort and familiarity with the amenities of the PSH program, missing connections at the PSH program and being socially isolated in the new environment, financial issues, fear of change or of their capacity to be successful, difficulties finding a suitable new residence, drugs, and not having activities of daily living capacity to live on their own (e.g., needing assistance with taking medications, doing laundry, cleaning, etc.)

Comparing Prior PSH with "Graduation" Program

Seventeen of the 18 respondents (94 percent) liked their new housing situation more than the old one. The one exception says the new place is very loud and it is hard to socialize as most people are older. Half of the respondents (9 of 18) reported still having connections to their former PSH program, largely to see friends or staff.

The things they liked better in the "graduation" program included: unit characteristics such as **private kitchen and bathroom, larger size, cleanliness, location** (16 responses), **more freedom** (including fewer rules about visitors and pets), independence, and **privacy** (12 responses). Two people mentioned having helpful staff and friendly people, and one noted liking that there were "less crazy people" in the new environment.

Participants were asked how helpful certain supports were in their prior PSH living situation and whether those same supports are available in their current "graduation" housing. Table 5 underscores the helpfulness of the wide array of supports in PSH. It is notable that only a few of the most helpful supports are available to tenants who move to "graduation" housing.

Table 4. PSH and Independent Housing Supports	N/% Somewhat" or "Very Helpful" in Prior PSH	N/% Have it in "Graduation" Housing
Location near shopping, buses, recreation, etc.	17 of 18 (94%)	17 of 18 (94%)
Connection to medical care (other than on-site nurse)	12 of 13 (92%)	7 of 18 (39%)
Help with transportation	14 of 16 (88%)	7 of 18 (39%)
On-site nurse	11 of 13 (85%)	3 of 18 (17%)
Someone to guard the front door/secure building	15 of 18 (83%)	10 of 18 (56%)
Case manager	13 of 16 (82%)	11 of 18 (61%)
Program rules	14 of 17 (82%)	16 of 18 (89%)
Meals together with other residents	11 of 14 (79%)	7 of 18 (39%)
Help getting DSHS benefits	11 of 14 (79%)	6 of 18 (33%)
On-site substance abuse treatment	11 of 14 (79%)	3 of 18 (17%)
Someone to talk to	14 of 18 (78%)	16 of 18 (89%)
Help to maintain apt. (cleaning, cooking, paying rent, etc.)	10 of 13 (77%)	4 of 18 (22%)
Social, recreational groups	11 of 16 (69%)	11 of 18 (61%)
Help with relationships with family	11 of 16 (69%)	5 of 18 (28%)
Help getting a job or into school	8 of 13 (62%)	4 of 18 (22%)
People to make friends with	11 of 18 (61%)	15 of 18 (83%)
On-site mental health treatment	7 of 12 (58%)	3 of 18 (17%)
In building with other people who had been homeless	7 of 15 (47%)	11 of 17 (65%)
Someone to manage my money	3 of 9 (33%)	0 of 18 (0%)
Help visiting the Housing First program/people	N/A	8 of 18 (44%)
Other things mentioned: picnics, computer, washer/dryer, community room		

Participants were asked how often – in the original PSH program – they spoke with case managers, other participants and the on-site nurse. Case managers and the nurse were most often seen a few times per month or weekly while other participants were most often seen a few times per week or daily. The frequency of contact shown in Figure 4 is indicative of the potential for social isolation that can be created by a move and the need for participants and program staff to take this into consideration when considering graduation or other move outs.

Figure 5. How Often Tenants Spoke to Given Individuals
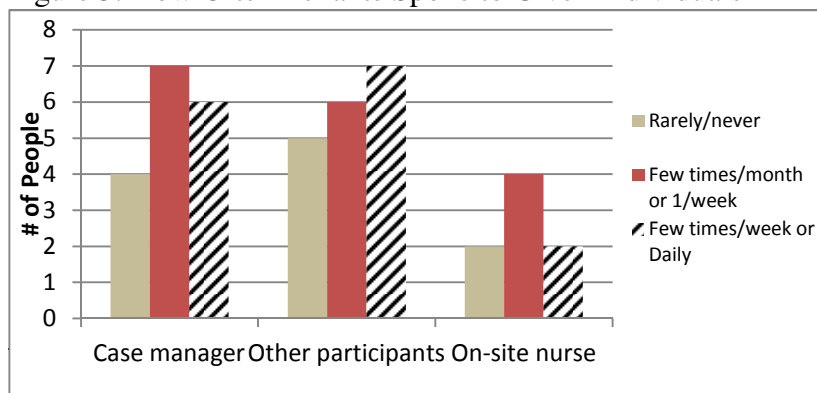
Summary

This report examined housing retention and unit turnover for PSH units intended for people with high service needs. Focus groups with staff and interviews with participants who had "graduated" from highly-support PSH programs provided information regarding barriers and facilitators to transitioning to less-supported housing.

<u>Retention and Unit Turnover</u>

Data regarding housing retention suggests that **about half of PSH participants leave the program within four years**. The average length-of-stay (LOS) is about three years, though this is an underestimate as it includes individuals still in housing as of June 30, 2011. The average LOS for individuals who "graduated" or transitioned to less-supported housing programs was 3.7 years. Based on retention data, we estimated that of the 1,237 highly-supported PSH units currently available in King County, **about ~210 units would turn over each year**.

About **half of those who leave PSH do so for positive reasons** such as voluntary exits and "graduation" or program completion. Others leave due to non-compliance, needing a different level of support (e.g., assisted living, skilled nursing), or criminal justice involvement. About 10 percent of participants die within their PSH programs, underscoring the level of severity of participants' medical, mental health, and substance use problems.

<u>Staff Views Regarding Transitioning from PSH</u>

Staff responses during focus groups are summarized below contrasted with those from 12 PSH programs in Seattle, New York and Chicago collected in 2010 by the CEHKC.

Because the PSH programs are non-time limited, the key to graduation is not only the readiness of the tenant, but also the removal of barriers and creation of motivation. Staff noted during focus groups that in addition to participant interest in transitioning to less-supported housing, they look for the following **indicators of "readiness" to transition**:

- less service use and need; not needing 24/7 access control, limit-setting skills
- having a social network and engaging in social activities apart from what is available through in-building socialization opportunity
- skills in navigating community systems (e.g., DSHS, Social Security, meal programs)
- self-managing behavior and getting along with others
- economic self-sufficiency
- following rules

Consistent with our findings, the CEHKC survey said that a low level of need for daily contact was a key criterion for transitioning. They also suggested that tenants should have a good rental history and unit maintenance and the ability to get along with neighbors. Some also mentioned a lack of involvement in drug abuse or trafficking, the ability to maintain personal boundaries and avoid

being taken advantage of, low level of need for daily contact with staff, and the ability to prepare meals or get to meal programs.

Barriers to transitioning to less-supported housing include:

- the complexity of medical and mental illnesses, substance use, and disruptive behaviors
- tenants not wanting to leave their current supports and friends
- long waitlists for subsidies and lack of available public housing units
- pressure to move quickly into public housing units and inflexibility to see more than two units
- rules regarding eligibility (e.g, denial for past eviction notices and minor criminal offenses)
- not having money for moving, deposits and furniture

The CEHKC survey identified all of these same barriers. In addition, the survey identified tenants not wanting to leave the PSH neighborhood and their concerns over loss of PSH amenities such as meals, activities and secure environment.

Keys to success of graduation programs are:

- being able to offer continued support
- being able to have participants move back (consider having a "trial period")
- careful selection of participants using indicators of "readiness" described above
- housing subsidies
- funding to pay for movers, deposits and furniture
- tenacious staff cross-trained in mental health and substance use issues
- good team leadership
- owning scattered-site housing and using project-base housing vouchers also allows for more flexibility in determining housing eligibility criteria

Consistent with our findings, the CEHCK survey stressed that programs should provide continued support after transitioning, including continuity of mental health treatment and less-intensive case management focused on crisis intervention and creating community-building opportunities in the resident's new housing. They highlighted a "right of return" if things did not work out, though this option was rarely used. They also emphasized having continued housing subsidies, and payment of move-in costs, deposits, furniture, and continuing ties to the housing of origin until the transition to a new community is complete.

Participant Views Regarding Transitioning from PSH

Graduates of highly-supported PSH programs chose to leave PSH largely because they wanted bigger apartments, including their own kitchens and baths. Some also mentioned not liking the program rules and surveillance of PSH programs and wanting to get away from people using drugs.

Participants were helped to transition by becoming more independent and responsible, having staff encouragement, no longer drinking, and following PSH program rules. They reported that getting into trouble, having friends at the PSH program, fear of change, and inadequate finances can make it hard to make a successful transition.

Nearly all participants reported liking their "graduation" housing more than the prior PSH setting as they gained freedom and independence as well as more space and their own kitchens and baths. The wide range of supports provided in the prior PSH programs were highly valued and very few were available in the "graduation" programs. As such, good assessment for the need of these supports is critical, and individuals considering transitioning should be prepared to do without such supports. It should be noted that we only spoke with people that the agencies were able to locate post graduation and who agreed to be interviewed. We do not know if those we were unable to interview share this same view.

Recommendations

1. Continue working with housing authorities to: (a) pair public housing units and Section 8 certificates with PSH providers to create dedicated "graduation" housing opportunities, (b) ensure as few barriers to housing as possible (e.g., continuing relaxation of rules regarding history of prior offenses), (c) ensure that candidates for post-PSH housing can maximize their choice of location and building with adequate time for decisions.

2. Create a mechanism whereby individuals may have a trial period in less supported housing and their bed is held for them for up to a specified number of days and/or where they can jump to the top of the list for the next available bed in the program they came from for up to a specified number of days.

3. Fund after-care support which could include as-needed case management up to a certain number of hours, or a short-term post graduation psychoeducational group that focuses on challenges and strategies related to living independently. After-care should also include some type of access to continued mental health and substance abuse services.

4. Create a mechanism for assisting with moving to external locations. For example, help with arranging moving logistics, obtaining free/low cost furniture and household items, a rental start-up fund to pay security deposits.

5. Create trial scenarios for individuals to practice readiness while still in housing. For example, have individuals practice boundary setting, avoid building social activities, or handle their affairs without housing staff assistance for a specified period of time.

Table 5. Housing Episodes by Program within Three Cohorts

	Program start year	In 2-yr analysis	In 3-yr analysis	In 4-yr analysis
1811 Eastlake	2005	148	120	86
Evans House	2007	102	82	--
Kasota	2009	9	--	--
Kenyon	2008	16	--	--
Kerner-Scott House	2004	88	70	43
Lyon Building	1997	51	37	21
Morrison	2004	192	168	150
Pacific Court	2009	14	--	--
Plymouth on Stewart	2006	80	63	47
Rainier House	2009	49	--	--
Simons	2008	85	78	--
South King County	2006	54	35	24
St Charles	2006	46	33	17
Union Hotel	1994	32	26	18
Wintonia	1994	62	45	27
Total		1028	757	433

Appendix B
Focus Group Questions

Focus Group Questions

1. How would you define readiness for graduation/stepdown (prompt: is treatment engagement necessary?)
   <u>1b.</u> About how many are ready to graduate?

2. How do you assess if their success can be maintained without the supports provided by the program?

3. What are the barriers to participants graduating/moving?

4. What have been unanticipated consequences of moving?

5. What are some things that facilitate success after moving out?

6. What are the keys to the success of the program?

7. Are there logical steps or step downs, internally or outside of the agency in lieu of moving out?

Appendix C

Issues for Staff to Consider with Individuals Transitioning from Highly-Supported PSH

The following issues should be reviewed when considering individuals who might be ready to transition to housing with less support. Check all items that can be answered affirmatively. Assess and/or explore remaining items further. The checklist is not intended to substitute for more thorough assessment of tenant needs and interests.

Has the person shown that s/he is:
___interested in transitioning to a less-supported housing setting
___using and needing less services
___has basic daily living skills
___not needing 24/7 monitoring and access control – has limit-setting skills to refuse undesired
     individuals in the absence of front door security
___not reliant on the program for social support
___able to get to appointments
___able to complete forms
___able to ask for what is needed
___able to navigate Social Security and housing systems
___able to manage behavior, including not acting out related to substance use or psychiatric
     symptoms, acceptable relationships with other tenants, not becoming incarcerated
___economically self-sufficient – with consistent income (e.g.,employment or disability), and the
     ability to adjust for changes in income so that rent continues to get paid
___able to follow housing rules - keeping apartment safe and reasonably clean

Which of the following continued supports will the person need after the transition…
___mental health treatment
___substance abuse treatment – maintaining sobriety
___continued social connections to PSH (e.g., meals, activities) – dealing with isolation
___assistance with completing occasional forms
___assistance with daily living (e.g., taking medications, doing laundry, cleaning, etc.)
___other, specify_____

     Describe any continued supports needed_____

_____

_____

Note that it is also helpful for staff to provide feedback to tenants indicating that they believe/have confidence in the ability of the tenant to become ready to make the transition